U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-Ŏ188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10 407

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of perso	on filing.	4. Name, file number, and address of labor organization.
Name _{Joseph}	Holcomb	Name United Steelvorkers of America
		Labor Organization File Number 000-094
P.O. Box, Bldg., Room No., if	fany	P.O. Box, Building and Room Number, if any
Street 9193 Martin Ro	oad	Street Five Gateway Center
City North Benton		City Pittsburgh
State Ohio	ZIP Code + 4 44691	State Pennsylvania ZIP Code + 4 15222
5. Position in labor organization	n. Staff Representative	
Tito: appropriate data por	(except as specified in the excl	buse or minor child directly or indirectly had any of the following interests
A. Held an interest in, engage	ged in transactions (including loans) with in	derived income or other economic benefit of
monetary value from an en	ged in transactions (including loans) with in	
monetary value from an en	ged in transactions (:ncluding loans) with, or nployer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Emplo	ged in transactions (:ncluding loans) with, or nployer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
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Monetary value from an em 6. Name and address of Emplo Name Trade Name, if any: P.O. Box, Bldg., Room No., i Street City State 15. Signature and verifical submitted in this report (includersigned's knowledge and	ged in transactions (including loans) with, or nployer whose employees your organizate over (including trade name, if any). If any ZIP Code + 4 Signation. The undersigned declares, under penalty or the information contained in any accompany.	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. 200 200 200 200 200 200 200 200 200 20

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.